

File No. 161008

Committee Item No. 4

Board Item No. 36

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules Committee

Date September 22, 2016

Board of Supervisors Meeting

Date October 4, 2016

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Information Sheet
- Vacancy Notice
- Form 700
-
-
-
-
-
-
-

Completed by: Derek Evans Date September 16, 2016

Completed by: Derek Evans Date September 29, 2016

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

1 [Appointments - Assessment Appeals Board No. 3 - Shawn Ridgell and James Reynolds]

2
3 **Motion appointing Shawn Ridgell and James Reynolds, terms ending September 5,**
4 **2019, to the Assessment Appeals Board No. 3.**

5
6 **MOVED,** That the Board of Supervisors of the City and County of San Francisco does
7 hereby appoint the hereinafter designated persons to serve as members of the Assessment
8 Appeals Board No. 3, pursuant to the provisions of California Revenue and Taxation Code,
9 Section 1620 et seq., and San Francisco Administrative Code, Section 2B.1 et seq., for the
10 term specified:

11 **Shawn Ridgell, seat 1, succeeding himself, term expiring on September 5, 2016, must**
12 **have a minimum of five years professional experience in the State of California as one of the**
13 **following: certified public accountant or public accountant; licensed real estate broker;**
14 **attorney; or a property appraiser accredited by a nationally recognized professional**
15 **organization, certified by the Office of Real Estate Appraisers, or certified by the State Board**
16 **of Equalization, for a three-year term ending September 5, 2019.**

17 **James Reynolds, seat 4, succeeding Angela Cheung, resigned, must have a minimum**
18 **of five years professional experience in the State of California as one of the following: certified**
19 **public accountant or public accountant; licensed real estate broker; attorney; or a property**
20 **appraiser accredited by a nationally recognized professional organization, certified by the**
21 **Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-**
22 **year term ending September 5, 2019.**

Assessment Appeals Board
 City and County of San Francisco
 (415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate
 (Please circle one) Board 2 or Board 2 Alternate
Board 3 or Board 3 Alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information? yes no
 Name: Shaun Ridgell Home Address: [Redacted] Broderick Street
 City: San Francisco State: CA Zip code: 94117
 Business Address: 2128 Broadway City: Oakland State: CA Zip Code: 94612
 Home Phone: [Redacted] Work Phone: (510) 986-1300 Fax #: (510) 986-1301
 Pager #: - E-Mail Address: Sridgell@aol.com

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No
 (If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: Current assessment appeals board member, attorney with 18 years of experience

Please state your business and/or professional experience: 18 years of experience as an attorney.

Occupation: Attorney Education: B.S., J.D. (Law degree)

Civic Activities: USF alumni, board member, volunteer w/ AIDS Legal Referral Panel

Ethnicity (optional): _____ Sex (optional): M F

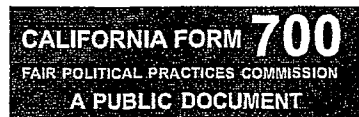
Other Personal Information (optional) _____

Would you be able to attend Day Meetings? Yes No Evening meetings? Yes No
 How many days a week would you be available for hearings? 3-4 How many evenings a week? 3-4
 Have you attended an Assessment Appeals Board meeting? Yes No

Appearance before the **RULES COMMITTEE** is a requirement before any appointment can be made.
 Please Note: Your application will be retained for one year.

Date: 7/19/16 Applicant's Signature: [Signature]

For Office Use Only: Appointed to Board #: _____ Seat #: _____ Term Expires: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
Received
Official Use Only

E-Filed
03/31/2016
13:56:05

Filing ID:
160012515

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ridgell, Shawn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City and County of San Francisco

Division, Board, Department, District, if applicable

Your Position

Assessment Appeals Board

Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of San Francisco

City of San Francisco

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2015, through
December 31, 2015

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through
December 31, 2015

The period covered is January 1, 2015, through the date of
leaving office.

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date
of leaving office.

Candidate: Election Year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

Oakland

CA

94612

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/31/2016
(month, day, year)

Signature Shawn Ridgell
(File the originally signed statement with your filing official.)

Assessment Appeals Board
City and County of San Francisco
(415) 554-6778 Fax (415) 554-6775



City Hall, Room 405
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4697

Complete and return this original Application to the Assessment Appeals Board

Application for Appointment to: Board 1 or Board 1 Alternate
(Please circle one) Board 2 or Board 2 Alternate
Board 3 or Board 3 Alternate

Enter your name, mailing address and daytime telephone number in the spaces provided. Because this form is a document available for public review, you may list your business/office address, telephone number and e-mail address in lieu of your home address or other personal contact information.

Do you authorize release of your private/personal information? yes no

Name: JAMES REYNOLDS Home Address: [Redacted] McAllister St [Redacted]

City: San Francisco State: CA Zip code: 94118

Business Address: 2001 Mc Allister St #11 City: San Francisco State: CA Zip Code: 94118

Home Phone: [Redacted] Work Phone: 415-358-9660 Fax #:

Pager #: E-Mail Address: APPRAISERJMS@SBCGLOBAL.NET

Are you a United States citizen, or a resident alien who is eligible for and has applied for citizenship? Yes No

Have you ever been convicted of a felony in this state, or convicted of any offense which, if committed in this state, would be a felony? Yes No

(If yes, please attach a statement describing the offense(s) for which you have been convicted, the date of the conviction(s), and the court(s) that convicted you.)

Pursuant to Ordinance No. 393-98 the following qualifications are required:

A person shall not be eligible for nomination for membership on an assessment appeals board unless he or she has a minimum of five years' professional experience in this state as one of the following: (1) certified public accountant or public accountant; (2) licensed real estate broker; (3) attorney; or (4) property appraiser accredited by a nationally recognized professional organization, or property appraiser certified by either the Office of Real Estate Appraiser or by the State Board of Equalization. Documentation of qualifying experience must be submitted with this application form. This requirement does not apply to incumbent board members nominated for appointment to their same seats.

Please state your qualifications: California Certified Residential Real Estate Appraiser

Please state your business and/or professional experience: 16 years

Occupation: Appraiser Education: Bachelor

Civic Activities:

Ethnicity (optional): Sex (optional): M F

Other Personal Information (optional):

Would you be able to attend Day Meetings? Yes No Evening meetings? Yes No

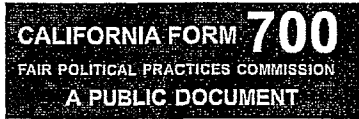
How many days a week would you be available for hearings? 5 How many evenings a week? 5

Have you attended an Assessment Appeals Board meeting? Yes No

Appearance before the RULES COMMITTEE is a requirement before any appointment can be made. Please Note: Your application will be retained for one year.

Date: 8/10/2015 Applicant's Signature: [Signature]

For Office Use Only: Appointed to Board #: Seat #: Term Expires:



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

E-Filed 03/21/2016 20:47:41 Filing ID: 159336940

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Reynolds, James

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City and County of San Francisco Division, Board, Department, District, if applicable Your Position Assessment Appeals Board Member

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of, Judge or Court Commissioner (Statewide Jurisdiction), County of San Francisco, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2015, through December 31, 2015 -or- The period covered is 01 / 24 / 2015, through December 31, 2015. Leaving Office: Date Left, Candidate: Election Year and office sought, if different than Part 1.

4. Schedule Summary (must complete)

Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments - schedule attached, Schedule A-2 - Investments - schedule attached, Schedule B - Real Property - schedule attached, Schedule C - Income, Loans, & Business Positions - schedule attached, Schedule D - Income - Gifts - schedule attached, Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE San Francisco CA 94118 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/21/2016 (month, day, year)

Signature James Reynolds (File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Reynolds, James</u>

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Conglomerate

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Consolidated Communication

GENERAL DESCRIPTION OF THIS BUSINESS
Telephone

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
Reynolds, James

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2001 McAllister Street, #11
 CITY
San Francisco
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED _____ DISPOSED _____
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 CITY
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
 ACQUIRED _____ DISPOSED _____
 NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____
 IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
Bank of America
 ADDRESS (Business Address Acceptable)
San Francisco, CA 94117
 BUSINESS ACTIVITY, IF ANY, OF LENDER
Bank/Lender
 INTEREST RATE TERM (Months/Years)
4.00 % None 15 Years
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF LENDER
 INTEREST RATE TERM (Months/Years)
 _____ % None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

VACANCY NOTICE

ASSESSMENT APPEALS BOARD NO. 3

Replaces All Previous Notices

NOTICE IS HEREBY GIVEN of the following vacancies:

Vacant seat 1, succeeding Shawn Ridgell, term expiring on September 5, 2016, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2019.

Vacant seat 4, succeeding Angela Cheung, resigned, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2019.

Vacant seat 6 (Alternate Member), succeeding James Reynolds, term expiring on September 5, 2016, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for a three-year term ending September 5, 2019.

Vacant seat 7 (Alternate Member), new appointment, must have a minimum of five years professional experience in the State of California as one of the following: certified public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for the unexpired portion of a three-year term ending September 7, 2018.

Vacant seat 8 (Alternate Member), new appointment, must have a minimum of five years professional experience in the State of California as one of the following: certified

public accountant or public accountant; licensed real estate broker; attorney; or a property appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization, for the unexpired portion a three-year term ending September 8, 2017.

Prohibition: No member shall, within the three years immediately preceding his/her appointment to the Board, have been an employee of an assessor's office.

Report: None.

Sunset Date: None.

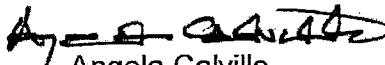
Additional information relating to the Assessment Appeals Board No. 3 may be obtained by reviewing Administrative Code, Chapter 2B, available at <http://www.sfbos.org/sfmunicodes> or by visiting the Assessment Appeals Board's website at <http://www.sfbos.org/aab>.

Interested persons may obtain an application from the Assessment Appeals Board website at http://www.sfbos.org/aab_app or from the Rules Committee Clerk, and should be submitted to: 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco, CA 94102-4689. All applicants must be residents of San Francisco, unless otherwise stated.

Pursuant to Board of Supervisors Rules of Order 2.32 (Motion No. 05-92) all applicants applying for this Board must complete and submit, with their application, a copy (**not original**) of their Form 700, Statement of Economic Interests. Applications will not be considered if a copy of the Form 700 is not submitted. Form 700, Statement of Economic Interests, may be obtained at <http://www.sfbos.org/form700>.

Next Steps: Applicants who meet minimum qualifications will be contacted by the Rules Committee Clerk once the Rules Committee Chair determines the date of the hearing. Members of the Rules Committee will consider the appointment(s) at the meeting and applicant(s) may be asked to state their qualifications. The appointment(s) of the individual(s) who are recommended by the Rules Committee will be forwarded to the Board of Supervisors for final approval.

Please Note: Depending upon the posting date, a vacancy may have already been filled. To determine if a vacancy for this Board is still available, or if you require additional information, please call the Rules Committee Clerk at (415) 554-7702.


Angela Calvillo
Clerk of the Board

DATED/POSTED: September 2, 2016

San Francisco
BOARD OF SUPERVISORS

Date Printed: December 7, 2015

Date Established:

July 3, 2013

Active

ASSESSMENT APPEALS BOARD NO. 3

Contact and Address:

Dawn Duran
Assessment Appeals Board
City Hall, Room 405
San Francisco, CA 94102

Phone: (415) 554-6778

Fax: (415) 554-6775

Email: Dawn.Duran@sfgov.org

Authority:

Administrative Code, Chapter 2B et seq. (Added by Ordinance No. 37-67; Amended by Ordinances Nos. 110-68, 82-94, 86-96, 393-98, 273-99, and 128-13) and California Revenue and Taxation Code, Section 1620-1630.

Board Qualifications:

The Assessment Appeals Board No. 3 consists of eight (8) members (five (5) regular members, and three (3) alternate members) all appointed by the Board of Supervisors. No person may concurrently hold a seat on more than one of the three Assessment Appeals Boards.

The Board members' term of office is three years, beginning on the first Monday in September. In the event of a vacancy, the newly appointed member shall serve for the remainder of the unexpired term.

The Board shall have the following qualifications as stated in the eligibility criteria set forth in California Revenue and Taxation Code, Section 1624.05, as follows: Must have a minimum of five years professional experience in the State of California as one of the following: Certified Public Accountant or Public Accountant; licensed Real Estate Broker; Attorney; or a Property Appraiser accredited by a nationally recognized professional organization, certified by the Office of Real Estate Appraisers, or certified by the State Board of Equalization.

Hearing Officers: The regular and alternate members of the Board shall also serve as hearing officers. The Clerk shall designate members to act as hearing officers for particular applications using a rotating system designed to assure that all members with the same priority level have an equal opportunity over time to participate as hearing officers. The Clerk shall designate hearing

"R Board Description" (Screen Print)

San Francisco
BOARD OF SUPERVISORS

officers in the following priority order: (1) the regular member of Assessment Appeals Board No. 3; (2) the alternate members of Assessment Appeals Board No. 3; (3) the alternate members of Assessment Appeals Board No. 2; (4) the alternate members of Assessment Appeals Board No. 1; (5) the regular members of Assessment Appeals Board No. 2; and (6) the regular members of Assessment Appeals Board No. 1. In their capacity as assessment hearing officers, the officers shall serve at the pleasure of and by contract with the Board of Supervisors.

It shall be the duty of each Assessment Appeals Board to equalize the valuation of the taxable property within the City and County for the purposes of taxation in the manner and subject to the limitations contained in Article XIII of the California State Constitution. Assessment Appeals Board No. 3 shall have jurisdiction to hear applications for reductions only for property assessed at less than \$50,000,000, excluding applications involving possessory interests or real property located all or in part within Assessor's Block Nos. 1-876 or 3701-3899.

Compensation: \$100 for each one-half day of service.

Report: Pursuant to California Revenue and Taxation Code, Section 1639, the hearing officer shall prepare a summary report of the proceedings together with a recommendation on the application and shall transmit this report and recommendation to the Clerk of the Board of Supervisors.

Sunset Clause: None

"R Board Description" (Screen Print)